

COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TRADING AN	D PROCESSING OF	COMMERCIAL ACCOUNTS RECEIVABLE
the specification of which w	as filed on	
as Application Serial No		and
I hereby state that I have reclaims.	viewed and understan	d the contents of the above identified specification, including the
I acknowledge the duty to di with Title 37, Code of Feder	sclose information wheal Regulations §1.56(a	ich is material to the examination of this application in accordance
or inventor's certificate liste	d below and have also	35. United States Code, §119 of any foreign application(s) for patent or identified below any foreign application for patent or inventor's plication on which priority is claimed:
Prior Foreign Application(s)		Priority Claimed
(Number)	(Country)	
(Number)	(Country)	yesno (Day/Month/Yr. Filed)
insofar as the subject matte application in the manner pro to disclose material informat	r of each of the clain wided by the first paragion as defined in Title	tes Code, §120 of any United States application(s) listed below and, as of this application is not disclosed in the prior United States graph of Title 35, United States Code, §112, I acknowledge the duty 37, Code of Federal Regulations. §1.56(a) which occurred between anal or PCT international filing date of this application:
(Application Serial No.)	(Filing Da	(Status) (patented,pending,abandoned)
(Application Serial No.)	(Filing Da	te) (Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorncy(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552: Lorimer P. Brooks, Reg. No. 15,155; and Bruce Londa, Reg. No. 33,531; Victoria M. Malia, Reg. No. 39,359; and Stephen G. Ryan, Reg. No. 39,015 all of 220 East 42nd Street, 30th Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224 of 721 Route 202-206 Bridgewater, New Jersey 08807; Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys with full power of substitution and revocation.

SEND CORRESPONDENCE TO: NORRIS, McLAUGHLIN & MARCUS 220 EAST 42ND STREET - 30TH FLOOR NEW YORK, NEW YORK 10017

DIRECT TELEPHONE CALLS TO:

(212) 808-0700

FULL NAME OF SOLE OR FIRST INVESTOR: KILGOUR, Colin Lawrence			
INVENTOR'S SIGNATURE:	DATE: July 12, 2001		
RESIDENCE: 66 Kennedy Ave., Toronto, Ontavio CANADA	CITIZENSHIP: Canadian		
	M682x5 CANADA		
FULL NAME OF SECOND INVENTOR: DAYES in Andrew Kevin			
INVENTOR'S SIGNATURE:	DATE: July 12, 2001		
RESIDENCE: Sinte PHG5 - 3/3 Richmond St. E.	CITIZENSHIP: Canadian		
POST OFFICE ADDRESS: Toronto Onterio, MSA 4R3 Canada.			
FLLL NAME OF THIRD INVENTOR:			
INVENTOR'S SIGNATURE:	DATE:		
RESIDENCE:	CITIZENSHIP:		
POST OFFICE ADDRESS:			
FULL NAME OF FOURTH INVENTOR: -			
INVENTOR'S SIGNATURE:	DATE:		
RESIDENCE;	CITIZENSHIP:		
POST OFFICE ADDRESS:			
FULL NAME OF FIFTH INVENTOR:			
INVENTOR'S SIGNATURE:	DATE:		
RESIDENCE:	CUTIZENSHIP:		
POST OFFICE ADDRESS:			
FULL NAME OF SIXTH INVENTOR:			
INVENTOR'S SIGNATURE:	DATE:		
RESIDENCE:	CITIZENSHIP:		
POST OFFICE ADDRESS:			
FULL NAME OF SEVENTH INVENTOR:			
INVENTOR'S SIGNATURE:	DATE:		
RESIDENCE:	CITIZENSHIP:		
POST OFFICE ADDRESS:			